Natural Gas Well Completion Two Day Notification

E-mail to: <u>DEPOilandGasSector@wv.gov</u>

New Source Performance Standards for Crude Oil and Natural Gas Production,

Transmission and Distribution "**NSPS 0000**"

SECTION I: GENERAL INFORMATION

[Add rows to the table for additional wells, as necessary]

CONSOL ENER	RGY			
Owner or Operator Name		Division of Air Quality ID Number (If Available)		
ONE ENERGY	DRIVE			
Street Address				
JANE LEW	WV		26378	
City	State	ZIP Code		
STEVE SPITLE	R steven	enspitler@consolenergy.com 304-406-8478		
Facility Local Contact	11 /		Telephone Number	
Steve >	pitler	10/11	1/13	
Signature		Date		
SECTION II: SOU	RCE DESCRIPTION			
1. Please check th	ne proposed well flowba	ack compliance option:		
	k gas to a completion on the well or another well	ombustion device Use on-site as a fuel source; Route flowback gas to a salable gas pipeline		
2. Please complete	e the table below for ea	ach affected source per §6	0.5365.	
API Number	Farm Name and Well Number	Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits)	Planned date of the beginning of "Flowback"	Anticipated date of well completion
4700103287	Mike Ross, Inc, AUD3DHS		11/1/13	10/25/13
-				
				2